



National University of Ireland, Galway
Ollscoil na bÉireann, Gaillimh

A passport size photograph should accompany the application

APPLICATION FOR ADMISSION AS A VISITING STUDENT

1. **Surname:**
(As on Birth Certificate)

2. **Other name(s):**
(As on Birth Certificate)

3. **Address for correspondence** (this address only will be used in connection with your application)

.....

Tel. No.:..... **Email:**

4. **Date of Birth (in numerals):**
Day __ Month __ Year ____

5. **Country of birth**

6. **Parents' Names and Address**
.....
.....

7. **Indicate period for which application is being made**
Full Year Semester Semester II

8. **Subject choice and/or course choice.**

1	4
2	5
3	6

9. Please provide details of University/College you are currently attending:

Name of Institution:

10. Indicate subject(s) in which you intend to major

.....

I acknowledge that the particulars given in relation to this application are in all respects true

Signature: Date:

NB APPLICATION FORMS SHOULD BE RETURNED SO AS TO REACH THE INTERNATIONAL OFFICE, NATIONAL UNIVERSITY OF IRELAND, NOT LATER THAN:

- (a) 30 April for admission to all of the following academic year or Semester I, or,**
- (b) 31 October for admission to Semester II.**